

STANDARD CERTIFICATE OF DEATH

State File No. 15784

FILED APR 18 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 3353

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1202a Russell		d. STREET ADDRESS (If rural, give location) 23 1202a Russell 0	
3. NAME OF DECEASED (Type or Print) a. (First) Raymond b. (Middle) 0 c. (Last) Hedrick		4. DATE OF DEATH (Month) (Day) (Year) 3 29 53	
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-27-1901
9. AGE (In years last birthday) 51		10. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pinner St. Louis		10b. KIND OF BUSINESS OR INDUSTRY Cooperage Co	
11. BIRTHPLACE (City and State or Foreign Country) Bunker Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Mitchel Hedrick		13b. MOTHER'S MAIDEN NAME Ida Wisdom	
14. NAME OF HUSBAND OR WIFE Pearl Hedrick		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Pearl Hedrick 1202a Russell	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS. ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchectasis DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? 526X		22. I hereby certify that I attended the deceased from April 3, 1944, to Nov 29, 1953, that I last saw the deceased alive on Nov 28, 1953, and that death occurred at 3:17 a.m., from the causes and on the date stated above.	
23a. SIGNATURE William J. Mack, D.O.		23b. ADDRESS 1829 S. 18th St.	
23c. DATE SIGNED 4/13/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-1-53		24c. NAME OF CEMETERY OR CREMATORY St. Matthew Cem	
24d. LOCATION (City, town, or county) (State) St. Louis Mo		25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home 1926 Allen	
DATE REC'D BY LOCAL REG. MAR 30 1953		REGISTRAR'S SIGNATURE Charles Smith MO	

(Licensed Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Del A. Shumann

Licensed Embalmer No. 4533

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.